

PATENT NUMBER

<p>O.I.P.E.</p> <p>SCANNED <u>AC3</u> Q.A. <u>SP</u></p>	<p>PATENT DATE</p>
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Treatment of inflammatory diseases including psoriasis

PTO-2040  
12/99[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>	
	<b>Sheets Drwg.</b>	<b>Figs. Drwg.</b>	<b>Print Fig.</b>	<b>Total Claims</b>
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____  _____  _____	_____ (Assistant Examiner)		<b>NOTICE OF ALLOWANCE MAILED</b>	
	_____ (Primary Examiner)		<b>ISSUE FEE</b>	
	_____ (Date)		<b>Amount Due</b>	<b>Date Paid</b>
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)		<b>ISSUE BATCH NUMBER</b>	
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